

2020 Presidential Candidate HIV Questionnaire

***Presented By* The Act Now: End AIDS Coalition, AIDS United, GMHC (Gay Men's Health Crisis), Health GAP, Housing Works, The International Association of Providers of AIDS Care, LAMBDA Legal, Positive Women's Network-USA, Prevention Access Campaign, Sero Project, Transgender Law Center, The US People Living With HIV Caucus, and 41 other community based organizations**

The Presidential candidates in 2020 have a unique opportunity to make history. For the first time since the Centers for Disease Control originally reported a few HIV cases in its Morbidity and Mortality Weekly Report 38 years ago, **we are able to end the HIV epidemic in the United States**. Scientific advances and groundbreaking HIV research have shown us that it is not only possible for people to live long, healthy lives with HIV, but that people on antiretroviral medication who have achieved (and maintain) an undetectable viral load cannot transmit the virus to others (commonly referred to as "undetectable equals untransmittable," or U=U). Period. This knowledge is powerful, yet there is much more needed to affect the change we need.

Over one million Americans are living with HIV, and annual HIV diagnoses continue to hover around 40,000 new HIV transmissions each year due in part to increases in injection drug use across the country that are resulting in new HIV outbreaks, especially in areas with scarce public health resources. It is only through significant federal investment in the following programs and an unyielding commitment to providing access to the support services needed to ensure populations impacted by HIV adhere to their care and treatment that we will be able to end the HIV epidemic

To better understand how presidential candidates will take advantage of the moment to seek an end to the epidemic, many organizations within the HIV/AIDS community have signed on in support of this questionnaire. We ask that your campaign review and complete this survey by close of business on Friday, July 19th. This will allow us to compile and release the results in the early stages of the primary campaign. We will publish the responses without any editing. Thank you very much for your participation in this questionnaire. Please send your responses or any questions you have about the questionnaire to policy@aidsunited.org

1. Earlier this year, the Trump administration introduced their plan for ending the HIV epidemic in the United States by 2030. While the HIV community welcomes the increased financial resources and attention being paid to HIV by the administration, we also understand that to end the HIV epidemic we must address the social determinants of health and inequities that have led to a high-burden of transmission for HIV, STDs, and associated illnesses within vulnerable populations. Please describe what you would do to increase access to HIV prevention and treatment services, and outline your approach for addressing the social determinants of health and promoting racial justice.

The reason President Obama and I fought so hard for the Affordable Care Act was to make sure that the peace of mind provided by health insurance is a right for all, not a privilege. As President, I will fight to defend and build upon the Affordable Care Act to ensure every American has access to quality, affordable health care. Before the Affordable Care Act, insurance companies could increase premiums merely due to someone's gender, sexual orientation, or gender identity. Further, insurance companies could increase premiums or deny coverage altogether due to someone's HIV status. Yet, President Trump is trying to walk back this progress. For example, he has proposed to once again allow health care providers and insurance companies to discriminate based on a patient's gender identity. I will defend the rights of all people—regardless of HIV status, gender, sexual orientation, gender identity—to have access to quality, affordable health care free from discrimination. My plan takes a number of steps to build on Obamacare and achieve universal health care, including allowing Americans who are uninsured or who don't like their coverage to buy into a Medicare-like public option. My plan also increases premium tax credits so more people will have lower premiums and lower deductibles.

I will guarantee the Affordable Care Act's nondiscrimination protections for the LGBTQ+ community and ensure coverage for comprehensive care for LGBTQ+ Americans. I will ensure that LGBTQ+ individuals have full access to all appropriate health care treatments and resources. This includes covering care related to transitioning and gender confirmation surgery. And, it includes covering HIV treatment and prevention. I will ensure that federal health plans provide coverage for PrEP (pre-exposure prophylaxis) and PEP (post-exposure prophylaxis)—lifesaving, highly effective HIV prevention medications. Fortunately, thanks to a recommendation by the U.S. Preventive Task Force (USPSTF), PrEP must be covered without cost-sharing starting in 2021. I will ensure other costs, including for lab and clinical services, are covered.

Community health centers provide important care to underserved populations, including HIV prevention and treatment. My health care plan will double the federal investment in these

centers, expanding access to high quality health care for the populations that need it most.

I will update and implement the Obama-Biden Administration's comprehensive National HIV/AIDS Strategy. I have long fought for access to treatment for people with HIV/AIDS and funding for HIV/AIDS research, and I helped pass and expand the Global AIDS program (PEPFAR). As President, I will re-commit to ending the HIV/AIDS epidemic by 2025. Updating the nation's comprehensive HIV/AIDS strategy will aggressively reduce new HIV cases, while increasing access to treatment and eliminating inequitable access to services and supports. In addition, I will fully fund the Ryan White HIV/AIDS Program, which provides services to individuals with HIV/AIDS, and will increase federal funding for HIV/AIDS research and support increased funding for the Housing Opportunities for Persons with AIDS program. I will provide funding to implement evidence-based programs designed to stop the spread of diseases like HIV, including syringe service programs. And, I will work to end discrimination and stigma to reduce "[barriers to HIV prevention, testing, and care](#)" through education, outreach, and convening key stakeholders and groups.

Further, socioeconomic disparities -- including in housing, transportation, health care, and education -- lead to different health outcomes for different groups, including those living with HIV/AIDS. In addition to access disparities for specific services, different groups experience varying levels of stigmatization, both with regards to sexual orientation and gender identity as well as with HIV status. [According to the CDC](#), in 2018, African-Americans represented over 40 percent of all new HIV diagnoses despite comprising only 13 percent of the U.S. population. The CDC also [estimates](#) that the current rate of new HIV diagnoses suggests that half of all gay and bisexual black men will contract HIV in their lifetimes. In 2018, the CDC [announced](#) different measures that indicate increased risk for contracting HIV, including "poverty, uninsured, less than a high school education and vacant housing nationally and by state and county; percentage of population living in rural areas nationally and by state; and county urbanization level." We must immediately take action to address the systemic racism that is persistent across our institutions today. That's why I have developed [education, climate change, criminal justice, housing](#), and [health care policies](#), among others, that will root out these access disparities, address systemic racism, and ensure that all Americans have a fair shot living a healthy life.

Community members, stakeholders, and advocacy groups are critically important when it comes to passing an agenda -- and do incredible work to mobilize support. For example, in my climate plan, I have called for all relevant agencies to engage in community-driven approaches to develop solutions for environmental injustices affecting communities of color, low-income, and indigenous communities. We need that same approach when it comes to working with

organizations and individuals representing the LGBTQ, reproductive rights, racial justice, and immigrant rights communities. I was honored to work alongside these communities during the Obama-Biden Administration, and look forward to working with them as President every step of the way - from policy development to implementation to enforcement. It is critically important that people affected by policies have a chance to shape those policies.

2. U.S. HIV research investments have saved millions of lives, prevented countless new transmissions of the virus and placed us on a potential path to end the HIV epidemic. Do you support increasing dedicated HIV research funding to promote treatment advances, prevention efforts, and attempts to identify a vaccine and a cure? What, if any, changes to the current HIV prevention and research funding levels would you propose?

The scientific breakthroughs over the last two decades with regards to HIV treatment and prevention have been groundbreaking and lifesaving. We have the science, technology, and knowledge at our fingertips to finally find a cure and vaccine for HIV -- and our fearless scientists and researchers on the frontlines are working around the clock to achieve this milestone. And, the current global public health crisis highlights the importance of investing in our public health infrastructure and what happens when we fail to adequately invest in disease prevention, treatment, and research.

The [nation's comprehensive HIV/AIDS strategy](#), first launched by the Obama-Biden Administration, called for "continued investment... [in] biomedical research to develop new prevention strategies, safer, better therapies, and eventually a cure," as well as "additional health services research, operations research, and behavioral research and biomedical prevention research that have a population-level impact." The Obama-Biden Administration invested significant funding into HIV research, including efforts to identify a cure. Our administration [expanded](#) research funding for several research collaborations working to find a cure for HIV. The administration supported research investments in the National Institute of Health (NIH), the CDC, the VA, Department of Defense, and USAID. This holistic approach is key to ending this pandemic once and for all, and to achieve that. As President, I will increase federal funding for HIV/AIDS research. I will also address gaps in data collection and research with respect to LGBTQ+ health identified in the Institute of Medicine report, "The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding."

3. The opioid and HIV epidemics are two of the most pressing public health challenges of our time and they are increasingly intertwined. With 41,000 new cases of hepatitis C in the United States in 2016, of which, up to 70% occurred among people who use drugs, injection drug use is continuing to be a major factor fueling the domestic HIV epidemic. Do you

support the use of federal funds to implement evidence-based substance misuse prevention and treatment strategies, including federal funding for the syringes provided at syringe exchange programs, to help address opioid addiction? What will your strategy be to extend medication to combat overdoses (i.e. naloxone) and medication-assisted treatment (MAT) to reach everyone experiencing opioid disorders?

To deal with the immense scope of the opioid and substance use disorder crisis, I will dramatically scale up the resources available, with an unprecedented investment of \$125 billion over ten years. Funds will be used to pursue comprehensive strategies to expand access to treatment, particularly in rural and urban communities with high rates of substance use disorders and a lack of access to substance use disorder treatment services. I will invest \$75 billion in flexible grants to states and localities for prevention, treatment, and recovery efforts. State and local agencies will also be able to use funds to enhance data systems allowing them to better target resources to individuals and communities most in need of support. As a condition for receiving funding, grant recipients will have to provide long-term, comprehensive strategic plans that address the multifaceted nature of the substance use disorder crisis. Funds may be used to invest in evidence-based, cost-effective prevention programs in schools and communities to reduce the development of substance use disorders, including ones that mitigate harms from opioid and other drug use, including overdoses. Local communities will be able to use the funds to implement evidence-based programs designed to stop the spread of diseases like hepatitis C and HIV, including syringe service programs, or to scale up innovative programs like the safe station initiative started in Manchester, New Hampshire, which allows those seeking help to go to fire stations in order to be connected to treatment and recovery services.

The funds will also help expand access to ongoing treatment and recovery services. Communities will be able to use funds to increase access to substance use disorder and mental health treatment and other services to support long-term recovery, including peer support networks and recovery coaches, and better integrate primary care and behavioral health. Recognizing the strong evidence that social supports, including family support, may have a positive impact on the treatment of HIV, I will support the development of family-centered models for substance use disorder treatment and recovery.

I will make Medication Assisted Treatment (MAT) available to all who need it, reaching universal access no later than 2025. MAT (also referred to as MOUD or Medications for Opioid Use Disorder) is regarded as the gold standard of care for individuals with opioid use disorder. Yet, less than 50% of substance use disorder facilities around the country offer even one of the FDA-approved medications. The 21st Century Cures Act, legislation I championed as Vice

President, provided resources to states designed to expand access to MAT. I will build on this in order to ensure universal access to MAT for all who need it, including by providing \$20 billion for grants to dramatically expand capacity to administer MAT across the country, especially in underserved areas, including establishing new facilities and developing training programs to increase the number of professionals able to administer MAT.

I will also stop insurance companies from erecting barriers to coverage of MAT. For example, insurers have imposed “fail first” protocols which require prescribers to certify that other therapies were tried before covering MAT. Insurers also may require that physicians obtain “prior authorization” for MAT before prescribing it. I will also remove undue restrictions on prescribing medications for substance use disorder. For example, drugs containing buprenorphine were approved by the FDA in 2002 but a relatively small number of doctors or medical personnel are certified to prescribe them. I will ensure that any undue restrictions on prescribing are lifted and review methadone treatment regulations.

4. The Ryan White HIV/AIDS Program provides care and treatment for people living with HIV in the United States who are uninsured or underinsured and has demonstrated its success at linking and retaining people in care, improving both individual health outcomes for enrollees, and a reduction in new HIV transmissions. Do you support increased funding for the Ryan White Program and for networks of people living with HIV that provide peer support and combat stigma? What changes, if any, would you make to the program and its funding?

I have long fought for access to treatment for people with HIV/AIDS. Dating back to 1987, I voted to authorize critical funding for medication that prolonged life for people with AIDS. In 1990, I cosponsored the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, which created the largest government program focused specifically on providing life-saving treatment and care to low-income, poor, and uninsured people living with HIV. The Ryan White HIV/AIDS Program has long been crucial to ensuring that people living with HIV achieve better health outcomes and can afford treatment and care. The [nation’s comprehensive HIV/AIDS strategy](#), first launched by the Obama-Biden Administration, also noted that “the Ryan White HIV/AIDS Program has supported the development of medical homes for people living with HIV” as a key way “to reduce barriers that impede access to services.” I will fully fund the Ryan White HIV/AIDS Program, ensuring that it remains focused on providing care and treatment to those already living with HIV, and will increase federal funding for HIV/AIDS research. When and where appropriate, I will also ensure that the program continues to be strengthened and adapted to care providers’ needs, as has [been done](#) through the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau.

5. Although millions of individuals have been insured through the implementation of Medicaid expansion and the Affordable Care Act, lack of access to healthcare is still a major driver of the HIV epidemic. If elected, how will you ensure that all people living with and affected by HIV have access to affordable healthcare? Please state your position on the ACA, and outline your views on the best ways to extend high-quality, low-cost healthcare to everyone, regardless of age, income, immigration status, or pre-existing condition—including in states that have not expanded Medicaid.

Passing Obamacare was a huge step forward in expanding access to affordable, quality health care—especially for LGBTQ+ Americans. But, every day over the past ten years, the Affordable Care Act has been under relentless attack. I oppose every effort to get rid of this historic law—including efforts by Republicans, and efforts by Democrats. Instead of starting from scratch and getting rid of private insurance, I have a plan to build on the Affordable Care Act by giving Americans more choice, reducing health care costs, and making our health care system less complex to navigate. My plan will ensure every single American has access to affordable, quality health insurance and specifically help LGBTQ+ Americans.

My plan takes a number of steps to build on Obamacare, including allowing Americans who are uninsured or who don't like their coverage to buy into a Medicare-like public option. My plan also increases premium tax credits so more people will have lower premiums and lower deductibles. My health care plan is the quickest, most effective way to achieve universal health care at 1/30th the cost of Medicare for All.

Before the Affordable Care Act, insurance companies could increase premiums merely due to someone's gender, sexual orientation, or gender identity. Further, insurance companies could increase premiums or deny coverage altogether due to someone's HIV status. Yet, President Trump is trying to walk back this progress. For example, he has proposed to once again allow health care providers and insurance companies to discriminate based on a patient's gender identity. I will defend the rights of all people—regardless of gender, sexual orientation, gender identity—to have access to quality, affordable health care free from discrimination.

I will ensure that LGBTQ+ individuals have full access to all appropriate health care treatments and resources, including covering HIV treatment and prevention. I will ensure that federal health plans provide coverage for PrEP (pre-exposure prophylaxis) and PEP (post-exposure prophylaxis)—lifesaving, highly effective HIV prevention medications. Fortunately, thanks to a recommendation by the U.S. Preventive Task Force (USPSTF), PrEP must be covered without cost-sharing starting in 2021. I will ensure other costs, including for lab and clinical services,

are covered. I will also put a stop to price gouging by the pharmaceutical industry by taking action when drugs are abusively priced by manufacturers.

Access to affordable health insurance shouldn't depend on your state's politics. But today, state politics is getting in the way of coverage for millions of low-income Americans. Governors and state legislatures in 14 states refused to take up the Affordable Care Act's expansion of Medicaid eligibility, denying access to Medicaid for over 4 million adults. In 2 of those states, new leadership has created movement towards expansion, but millions remain without insurance. My plan will ensure these individuals get covered by offering premium-free access to the public option for those 4 million individuals who will be eligible for Medicaid but for their state's inaction, and making sure their public option covers the full scope of Medicaid benefits. States that have already expanded Medicaid will have the choice of moving the expansion population to the premium-free public option as long as the states continue to pay their current share of the cost of covering those individuals.

Additionally, I will ensure people making below 138% of the federal poverty level get covered. I'll do this by automatically enrolling these individuals when they interact with certain institutions (such as public schools) or other programs for low-income populations (such as SNAP). And I will fight all efforts to undermine Medicaid - such as work requirements and other tactics to reduce enrollment. My administration won't let states skirt their duties under Medicaid and will take enforcement action against any state that allows profiteering to get in the way of Medicaid beneficiaries' health. I will also take steps to ensure Medicaid's beneficiaries can access home and community-based long-term care when they want it. I will also protect and strengthen Medicare as we know it. The Affordable Care Act strengthened Medicare by extending the life of the Medicare Trust Fund; giving Medicare beneficiaries access to free recommended preventive services, such as an annual wellness visit; and closing the prescription drug coverage gap, often referred to as the "donut hole." As President, I will continue to defend our nation's commitment to older Americans and people with disabilities through Medicare. I will keep Medicare as a separate and distinct program and ensure there is no disruption to the current Medicare system.

6. The Housing Opportunities for Persons with HIV/AIDS (HOPWA) program is the sole dedicated funding source for housing assistance and related supportive services for low-income people living with HIV and their families. Currently, HOPWA remains chronically underfunded despite the fact that housing has a greater impact on health outcomes for people living with HIV than any other factor, including demographics, substance use, mental health, or access to social services. Do you support increased funding for the HOPWA program and other programs that provide housing for people living with HIV?

Yes, I support increased funding for the Housing Opportunities for Persons with HIV/AIDS program.

Additionally, as part of my [plan to invest in housing](#), I have committed to protecting LGBTQ+ people in the housing system and ending discriminatory practices in housing. The Obama-Biden Administration enforced the civil rights of the LGBTQ+ community, including by ensuring federally funded homeless shelters provide housing according to an individual's gender identity and cannot refuse services based on gender identity or sexual orientation. The Trump Administration has since proposed allowing shelters to discriminate against transgender people when determining their accommodations, for example by forcing transgender women to sleep and use the bathroom in the same place as men. As President, I will secure the passage of the Equality Act, ensuring that no President can ever again single-handedly roll back civil rights protections for LGBTQ+ individuals, including in housing and homeless shelters. I will ensure that all anti-discrimination policies also include protections for HIV status. And, I will increase funding for the Runaway and Homeless Youth Act to ensure LGBTQ+ individuals have access to transitional living programs that provide essential services like job counseling and mental and physical health care.

7. What will you do to prohibit discrimination based on sexual orientation, racial and gender identity in housing, healthcare, the workplace, the legal system, privately-owned businesses, and access to federal benefits?

Half of LGBTQ+ Americans live in states without adequate civil rights protections. They can get married on Sunday and the very next day get fired under state law because of who they are or who they love. LGBTQ+ people still face discrimination in nearly every aspect of their lives, including employment, military service, starting a family, and obtaining a driver's license with their accurate gender marker.

The Equality Act is the best vehicle for ensuring equal rights under the law for LGBTQ+ Americans, and will guarantee that LGBTQ+ individuals are protected under existing civil rights laws. I will make enactment of the Equality Act during my first 100 days as President a top legislative priority. I will also direct my Cabinet to ensure immediate and full enforcement of the Equality Act across all federal departments and agencies.

In addition to enacting the Equality Act, I will take action using my executive authority. I will

immediately reverse the discriminatory actions of the Trump-Pence Administration and then go further to end discrimination against LGBTQ+ individuals.

In 2014, the Obama-Biden Department of Justice affirmed that the Civil Rights Act's Title VII prohibition against employment discrimination based on sex applies to discrimination based on gender identity. The EEOC later affirmed that Title VII prohibits discrimination based on gender identity and sexual orientation. The Trump-Pence Administration's Department of Justice has reversed this position, arguing that Title VII excludes protections for these groups. I will ensure enforcement of Title VII and work to pass the Equality Act to affirm that employment discrimination based on gender identity and sexual orientation is prohibited.

The federal government should lead by example. I will restore full implementation of President Obama's executive order prohibiting discrimination by federal contractors, which Trump has undermined. My administration will also work with civil rights leaders to develop and institute implicit bias training programs for federal workers and contractors to address discrimination based on race, sex, sexual orientation, gender identity or expression, or disability. My administration will make the resulting training materials available to the public so other employers can conduct similar programs.

8. Americans living with HIV continue to be subject to stigma and discrimination, and many are subject to outdated and stigmatizing criminal laws where they are susceptible to enhanced sentencing based upon their HIV status. These laws violate the human rights of people with HIV, sometimes imposing extremely severe punishments on people with no intent to harm and behaviors that pose no risk of HIV transmission. Moreover, these statutes discourage those at risk from learning their HIV status and subsequently beginning treatment to extend their longevity and quality of life. Will you work to pass a law that ends the criminalization of HIV status? Will you work to extend federal protection from discrimination based on HIV status? What other steps, if any would you take to help reduce HIV/AIDS stigma and discrimination in the United States?

In 2018, 26 states in America had HIV exposure criminal laws. These laws perpetuate discrimination and stigma towards people with HIV/AIDS, and there is simply no "[scientific basis](#)" for them. As President, I will support legislation like the REPEAL HIV Discrimination Act, which promotes best practice recommendations for states.

Moreover, the federal government needs complete and accurate data regarding LGBTQ+ individuals in the United States to identify challenges they are facing and direct adequate resources to the right places and people. Historically, data on the LGBTQ+ community have

been scarce because national surveys have not included questions on sexual orientation and gender identity.

The Obama-Biden Administration made progress on collecting data about individuals' sexual orientation and gender identity. The benefits of this inclusive data collection are concrete. We now better understand discrimination against same-sex couples in the online rental market and were able to better target resources to address health disparities in HIV/AIDS care. The Trump-Pence Administration, however, has attempted to erase LGBTQ+ people from federal data collection efforts. As President, I will ensure questions about sexual orientation and gender identity are included in national surveys and data collection efforts. I will ensure that federal agencies and relevant federal programs, including the decennial Census, American Community Survey, and Current Population Survey, obtain accurate data, while vigorously enforcing appropriate privacy protections. I will work to enact the LGBTQ Data Inclusion Act, which will require agencies to collect voluntary information on sexual orientation and gender identity on certain population surveys, and the LGBTQ Data Essential Act, which will improve data collection with respect to determining leading causes of violent death among the LGBTQ+ community.

9. Given the advances in medical treatment available to all servicemembers for over two decades, do you support lifting unnecessary restrictions that prevent individuals living with HIV from enlisting, being commissioned as an officer, or deploying in the Armed Forces of the United States?

I will reverse Department of Defense policies that perpetuate stigmatization of and discrimination against people living with HIV. The Trump-Pence Administration's "Deploy or Get Out" policy, which is used to forcibly discharge members of the military with HIV, was found to be "irrational, inconsistent, and at variance with modern science" by a federal district court. The Fourth Circuit affirmed this decision in January 2020 for "fail[ing] to account for current medical literature and expert opinion about current HIV treatment and transmission risks." If the Trump-Pence Administration continues to try to implement the policy, my administration will rescind it. Undetectable seropositive individuals should be able to enlist and serve their country.

10. Despite the existence of antiretroviral medications that can render the viral load of a person living with HIV undetectable (and therefore untransmittable), and prevent transmission of the virus through pre-exposure prophylaxis (PrEP) many people in need of such medications cannot access them because of their high cost. In other instances, our insurance premiums go up, and/or taxpayers are stuck holding huge costs. If elected, how will

you reduce excessive drug prices in the United States, through executive action, as well as legislation? Will your plan make use of government purchasing power to negotiate lower prices and work towards policies similar to all other developed countries to limit abuses of the patent monopoly system?

I will ensure that LGBTQ+ individuals have full access to all appropriate health care treatments and resources, including covering HIV treatment and prevention. I will ensure that federal health plans provide coverage for PrEP (pre-exposure prophylaxis) and PEP (post-exposure prophylaxis)—lifesaving, highly effective HIV prevention medications. Fortunately, thanks to a recommendation by the U.S. Preventive Task Force (USPSTF), PrEP must be covered without cost-sharing starting in 2021. I will ensure other costs, including for lab and clinical services, are covered.

Too many Americans cannot afford their prescription drugs, and prescription drug corporations are profiteering off of the pocketbooks of sick individuals. My plan will put a stop to runaway drug prices and the profiteering of the drug industry by repealing the outrageous exception allowing drug corporations to avoid negotiating with Medicare over drug prices. Because Medicare covers so many Americans, it has significant leverage to negotiate lower prices for its beneficiaries. And it does so for hospitals and other providers participating in the program, but not drug manufacturers. Drug manufacturers not facing any competition, therefore, can charge whatever price they choose to set. There's no justification for this except the power of prescription drug lobbying. My plan will repeal the existing law explicitly barring Medicare from negotiating lower prices with drug corporations.

I will also limit launch prices for drugs that face no competition and are being abusively priced by manufacturers. Through my work on the Cancer Moonshot, I understand that the future of pharmacological interventions is not traditional chemical drugs but specialized biotech drugs that will have little to no competition to keep prices in check. Without competition, we need a new approach for keeping the prices of these drugs down. For these cases where new specialty drugs without competition are being launched, under my plan the Secretary of Health and Human Services will establish an independent review board to assess their value. The board will recommend a reasonable price, based on the average price in other countries (a process called external reference pricing) or, if the drug is entering the U.S. market first, based on an evaluation by the independent board members. This reasonable price will be the rate Medicare and the public option will pay. In addition, my plan will allow private plans participating in the individual marketplace to access a similar rate.

I will also limit price increases for all brand, biotech, and abusively priced generic drugs to

inflation. As a condition of participation in the Medicare program and public option, all brand, biotech, and abusively priced generic drugs will be prohibited from increasing their prices more than the general inflation rate. My plan will also impose a tax penalty on drug manufacturers that increase the costs of their brand, biotech, or abusively priced generic over the general inflation rate.

I will also allow consumers to buy prescription drugs from other countries. To create more competition for U.S. drug corporations, my plan will allow consumers to import prescription drugs from other countries, as long as the U.S. Department of Health and Human Services has certified that those drugs are safe.

Key to my plan is terminating pharmaceutical corporations' tax break for advertisement spending. Drug corporations spent an estimated \$6 billion in 2016 alone on prescription drug advertisements to increase their sales, a more than four-fold increase from just \$1.3 billion in 1997. The American Medical Association has even expressed "concerns among physicians about the negative impact of commercially driven promotions, and the role that marketing costs play in fueling escalating drug prices." Currently, drug corporations may count spending on these ads as a deduction to reduce the amount of taxes they owe. But taxpayers should not have to foot the bill for these ads. As President, I will end this tax deduction for all prescription drug ads, as proposed by Senator Jeanne Shaheen.

Last, I will improve the supply of quality generics. Generics help reduce health care spending, but brand drug corporations have succeeded in preserving a number of strategies to help them delay the entrance of a generic into the market even after the patent has expired. My plan supports numerous proposals to accelerate the development of safe generics, such as Senator Patrick Leahy's proposal to make sure generic manufacturers have access to a sample.

11. According to the CDC, an estimated 14% of transgender women are living with HIV, with an estimated 44% identifying as Black/African-American, 26% Hispanic/Latinx, and 7% White. The number of transgender people who received a new HIV diagnosis was 3 times the national average. If elected, would you support the original interpretation of Section 1557 of the ACA as covering transgender people and would you champion the passage of the Equality Act? How would you protect the rights, well-being, and lives of transgender people living in this country, while ensuring that they receive the healthcare and housing necessary to be virally suppressed?

Before the Affordable Care Act, insurance companies could increase premiums merely due to someone's gender, sexual orientation, or gender identity. Further, insurance companies could

increase premiums or deny coverage altogether due to someone's HIV status. Yet, President Trump is trying to walk back this progress. For example, he has proposed to once again allow health care providers and insurance companies to discriminate based on a patient's gender identity. I will defend the rights of all people—regardless of gender, sexual orientation, gender identity—to have access to quality, affordable health care free from discrimination.

The Equality Act is the best vehicle for ensuring equal rights under the law for LGBTQ+ Americans, and will guarantee that LGBTQ+ individuals are protected under existing civil rights laws. I will make enactment of the Equality Act during my first 100 days as President a top legislative priority. I will also direct my Cabinet to ensure immediate and full enforcement of the Equality Act across all federal departments and agencies.

Transgender and non-binary Americans face significant discrimination when seeking employment. To address these unique challenges, I will ensure that workforce and entrepreneurial training programs and resources funded by the U.S. Department of Labor and the Small Business Administration focus on and benefit this community. I will also provide incentives for states and local governments to adopt programs that help prepare transgender and non-binary people for the workforce and encourage entrepreneurship.

I will also reverse the transgender military ban. In 2010, I played a leading role in the Obama-Biden Administration's repeal of "Don't Ask, Don't Tell" to allow gay, lesbian, and bisexual service members to serve the country they love without hiding their sexual orientation. In June 2016, the Obama-Biden Administration overturned the ban on transgender individuals serving openly, without hiding their gender identity. But Trump reversed this policy, barring transgender patriots from serving openly. This is discriminatory and detrimental to our national security. Every American who is qualified to serve in our military should be able to do so—regardless of sexual orientation or gender identity and without having to hide who they are. I will direct the U.S. Department of Defense to allow transgender service members to serve openly, receive needed medical treatment, and be free from discrimination.

Additionally, transgender and non-binary people without identification documents that accurately reflect their gender identity are often exposed to harassment and violence and denied employment, housing, critical public benefits, and even the right to vote. The Obama-Biden State Department led the way by updating its gender change policies for passports. As President, I will build on this action to ensure all transgender individuals have access to identification documents that accurately reflect their gender identity. I believe every transgender or non-binary person should have the option of changing their gender marker to "M," "F," or "X" on government identifications, passports, and other documentation. I will

support state and federal efforts to allow for this accurate representation.

As a direct response to the high rates of homicide of transgender people—particularly transgender women of color—my administration will make prosecuting their murderers a priority. And during my first 100 days in office, I will direct federal resources to help prevent violence against transgender women, particularly transgender women of color. Recognizing that employment and housing discrimination lead to increased risk of homelessness and violence, I will also work to pass the LGBTQ Essential Data Act to help collect a wide variety of critical data about anti-trans violence and the factors that drive it. I will also direct my administration to update the FBI’s Uniform Crime Reports Supplementary Homicide Reports (UCR-SHR) to include sexual orientation and gender identity or expression. Currently, these reports do not include categories for sexual orientation and gender identity, hampering our ability to fully diagnose and measure the extent of violent crimes against transgender, gay, lesbian, and bisexual victims.

12. Many documented and undocumented immigrants living with and affected by HIV are refraining from seeking out HIV and general medical care due to fear of deportation or denial of citizenship. Please state how you would encourage this population to be screened for HIV and initiate treatment if diagnosed, and how to ensure healthcare spaces are safe spaces for immigrants and health providers from immigration enforcement? What are your views on potential changes to the “public charge” rule that would make any use of a very wide range of benefits (including healthcare programs such as the Affordable Care Act marketplace subsidies, Children’s Health Insurance Program and potentially some Medicaid benefits) detrimental to an immigrant’s chances at becoming a U.S. citizen?

I will reverse Trump’s public charge rule, which runs counter to our values as Americans and the history of our nation. Allowing immigration officials to make an individual’s ability to receive a visa or gain permanent residency contingent on their use of government services such as SNAP benefits or Medicaid, their household income, and other discriminatory criteria undermines America’s character as land of opportunity that is open and welcoming to all, not just the wealthy.

I will also end Trump’s detrimental asylum and immigration policies. The Statue of Liberty has long been a beacon to people “yearning to breathe free” around the world—including to asylum-seekers and refugees. But the Trump-Pence Administration has undermined this tradition by severely limiting the ability of members of the LGBTQ+ community, an especially vulnerable group in many parts of the world, from qualifying for asylum as members of a “particular social group.”

The Trump-Pence Administration has also instituted Migrant Protection Protocols, preventing individuals from entering the U.S. while awaiting their asylum hearing. As President, I will ensure asylum laws protect people fleeing persecution. I will end Trump's Migrant Protection Protocols and restore our asylum laws so that they do what they should be designed to do—protect people fleeing persecution and who cannot return home safely. I will make sure LGBTQ+ refugees and asylum seekers have access to necessary services and protections. And, I'll ensure federal agencies are trained to identify and respond to the particular needs of LGBTQ+ refugees and asylum seekers, including by expediting services for LGBTQ+ people who may be targeted by violence or are under threat in their home countries.

I will also end prolonged detention and reinvest in a case management program. LGBTQ+ immigrants are facing a higher rate of sexual violence than other immigrants being detained. I will invest in proven alternatives to detention and non-profit case management programs, which support migrants as they navigate their legal obligations and are the best way to ensure that they attend required immigration appointments. These programs also enable migrants to live in dignity and safety while awaiting their court hearings—facilitating things like doctor visits, social services, and school enrollment for children. Evidence shows that these programs are highly effective and far less expensive and punitive than detaining families.

Furthermore, targeting people who have never been convicted of a serious criminal offense and who have lived, worked, and contributed to our economy and our communities for decades is the definition of counterproductive. I will direct enforcement efforts toward threats to public safety and national security, while ensuring that individuals are treated with the due process to which they are entitled and their human rights are protected. I will end workplace raids to ensure that threats based on workers' status do not interfere with their ability to organize and improve their wages and working conditions. I will also protect sensitive locations from immigration enforcement actions. No one should be afraid to seek medical attention, go to school, their job, or their place of worship for fear of an immigration enforcement action. I will also ensure that ICE and CBP officials are abiding by professional standards, following the law, and are held accountable for inhumane treatment. I will increase resources for training and demand transparency in and independent oversight over ICE and CBP's activities. Under a Biden Administration, there will be responsible, Senate-confirmed professionals leading these agencies, and they will answer directly to the president.

13. The escalating pace of the introduction and passage of federal and state bills that restrict legally protected health care services, including abortion and some forms of contraception, is

already having adverse effects on young people, women, and people living with HIV. How will you ensure all women and people of childbearing potential that, regardless of income, geography, or any other stigmatizing restriction, they will have unfettered access to all of their needed sexual and reproductive health services? Additionally, how will you communicate the government's full support of sexual and reproductive health, rights, and justice of all people living with HIV and those who may be vulnerable to contracting HIV?

I believe that every American – regardless of gender, race, income, sexual orientation, or zip code – should have access to affordable and quality health care. Yet racism, sexism, homophobia, transphobia, and other forms of discrimination permeate our health care system just as in every other part of society. As President, I will be a champion for improving access to health care and the health of all by expanding access to contraception and protecting the constitutional right to an abortion. The Affordable Care Act made historic progress by ensuring access to free preventive care, including contraception. My plan will build on that progress. I support repealing the Hyde Amendment because health care is a right that should not be dependent on one's zip code or income. And, the public option will cover contraception and a woman's constitutional right to choose. In addition, my plan will reverse the Trump Administration and states' all-out assault on women's right to choose. As President, I will work to codify Roe v. Wade, and my Justice Department will do everything in its power to stop the rash of state laws that so blatantly violate the constitutional right to an abortion, such as so-called TRAP laws, parental notification requirements, mandatory waiting periods, and ultrasound requirements.

I will restore federal funding for Planned Parenthood. The Obama-Biden Administration fought Republican attacks on funding for Planned Parenthood again and again. As President, I will reissue guidance specifying that states cannot refuse Medicaid funding for Planned Parenthood and other providers that refer for abortions or provide related information and reverse the Trump Administration's rule preventing Planned Parenthood and certain other family planning programs from obtaining Title X funds.

Just as the Obama-Biden Administration did, I will rescind the Mexico City Policy (also referred to as the global gag rule) that President Trump reinstated and expanded. This rule currently bars the U.S. federal government from supporting important global health efforts – including for malaria and HIV/AIDS – in developing countries simply because the organizations providing that aid also offer information on abortion services.

14. In recent years, the need for comprehensive prison and justice system reforms that focus on rehabilitation and the wellbeing of those who are incarcerated rather than punishment

has become clearer than ever. What will you do to ensure that incarcerated people living with HIV and those who may be vulnerable to contracting HIV receive uninterrupted, unfettered and fully funded access to healthcare and medications for treatment both while they are in prison or jail, and when they are released for re-entry into their communities?

The U.S. criminal justice system has a duty to ensure that individuals, including those from the LGBTQ+ community, are treated fairly and with dignity. But discrimination and stigma trap LGBTQ+ people in the criminal justice system at disproportionately high rates. Once in the system, LGBTQ+ people—particularly transgender people—are more likely to be subjected to violence. To ensure fair treatment and end violence in our criminal justice system, I will reduce LGBTQ+ interactions with the criminal justice system. I believe criminal justice reform must address the system's disproportionate impact on LGBTQ+ people—particularly transgender women of color. My bold proposal for criminal justice reform will reduce the prison population, while also reducing crime, by funding a \$20 billion grant program encouraging states to move from incarceration and toward prevention and rehabilitation. I will direct the Attorney General to make it a prosecutorial priority to root out and prosecute misconduct by using pattern or practice investigations and consent decrees. I will also invest in public defenders and end cash bail so that we can stop jailing people for being unable to pay fines and fees.

I will also specifically increase safety for incarcerated transgender individuals. The Obama-Biden Administration issued a Transgender Offender Manual, requiring gender identity be considered when making housing assignments. But the Trump-Pence Administration's Federal Bureau of Prisons rolled back this policy, now requiring biological sex to be used in housing determinations and putting transgender inmates in serious danger of assault and rape. As President, I will require the Bureau of Prisons to revise the Transgender Offender Manual to once again include protections for transgender individuals who are incarcerated. I will fully implement the Prison Rape Elimination Act, including implementation by the Department of Homeland Security. In addition, I will ensure all LGBTQ+ -- and particularly transgender -- inmates in federal correctional facilities have access to appropriate doctors and medical care—including HIV/AIDS treatment, OBGYNs and hormone therapy.

15. Ending the HIV epidemic in the United States is also dependent on ending the HIV epidemic across the globe. Traditionally, the US has taken a leadership role in funding for both PEPFAR and The Global Fund, but recent years have been characterized by flat-funding and the threats of massive cuts in funding for fighting these pandemics. Would you commit to launch a stepped up effort to end the deadliest pandemics, including AIDS, and prepare for and prevent epidemic threats of the future with expanded results-oriented programming, doubled US investment in fighting pandemics, and US leadership to rally the world to join us

in this effort?

As President, I will restore the United States' standing as a global leader defending LGBTQ+ rights and development and work closely with our partners and like-minded governments to ensure that violence and discrimination against LGBTQ+ individuals do not go unchecked. Key to this effort will be prioritizing a commitment to tackling HIV/AIDS globally.

Achieving global LGBTQ+ equality and ending the HIV/AIDS epidemic worldwide has long been a priority of mine; In 2008, as Chairman of the Senate Foreign Relations Committee, I led the re-authorization of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). At that time, achieving the kind of progress we have seen was almost unimaginable. PEPFAR is one of the most impactful initiatives the United States has ever created, a shining example of American foreign assistance at its very best. The program has allowed more than 2.6 million babies with HIV-infected mothers to be born free of the disease. Together with the work of the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and community partnerships in this fight, more than 32 million lives have been saved from AIDS, tuberculosis, and malaria.

Ending HIV/AIDS will take all of us working together, "[community by community](#)." Nonprofits, businesses, and governments, faith-based groups and activists, we all have a role to play in mobilizing action and maintaining our momentum on this critical issue. [According to UNAIDS](#), approximately 24.5 million people are on lifesaving antiretroviral therapy. [Yet, with about 1.7 million new infections in 2018 alone](#), and HIV continuing to ravage certain marginalized populations, particularly women and young girls across sub-Saharan Africa, our work is far from over.

We need to support evidence-based policies to fight discrimination, support women's reproductive rights, ensure universal education for girls and boys, and defend the human rights of LGBTQ+ people around the world, which are all critical to finishing the work we started. We must strategically integrate our HIV/AIDS programs into a broader health and development agenda; work with countries to strengthen their health care systems to manage HIV and other health challenges; and expand our global health security efforts to rally other nations to join us in ending tuberculosis, malaria, and other epidemics. These increased investments in global health are in America's direct interest not only because they reduce the likelihood that deadly diseases spread unchecked, they strengthen global economic security.

My administration will place special emphasis on reaching and serving LGBTQ+ individuals in its diplomatic and development support efforts. For example, PEPFAR programming will continue to engage with LGBTQ+ communities on anti-stigma programs and countering violence and

discrimination so that LGBTQ+ individuals are able to access the health care they need without fearing for their own personal safety and security.

From my previous experience in the Obama-Biden Administration, I know that public health emergencies require disciplined, trustworthy leadership grounded in science. In a moment of crisis, leadership requires listening to experts and communicating credible information to the American public. We must move boldly, smartly, and swiftly. I know how to mount an effective crisis response and elevate the voices of scientists, public health experts, and first responders. I helped lead the Obama-Biden Administration's effective response to the 2009 H1N1 pandemic and the 2014 Ebola epidemic. I will ensure that addressing global health threats -- including current ones like HIV/AIDS, COVID-19, and ones that have yet to materialize -- are front and center of our global leadership.

In the face of the coronavirus (COVID-19), the American people and the world deserve urgent, robust, and professional responses to national and global public health emergencies, including HIV/AIDS. My newly released [plan](#) for dealing with coronavirus, which overlaps with how we can address HIV/AIDS, includes a decisive public health response that ensures the wide availability of free testing; the elimination of all cost barriers to preventive care and treatment for COVID-19; the development of a vaccine; and the full deployment and operation of necessary supplies, personnel, and facilities.

As part of my plan to rally the world to join our lead on ending pandemics, I would:

- Direct the U.S. Agency for International Development (USAID), in coordination with the U.S. Department of State, DOD, HHS, and the CDC, to mobilize an international response that assists vulnerable nations.
- Call for the immediate creation of a Global Health Emergency Board to harmonize crisis response for vulnerable communities.
- Protect America's troops and deployed citizens.
- Fully staff all federal agencies, task forces, and scientific and economic advisory groups focused on health security.
- Re-embrace international engagement, including prioritizing sustained funding for global health security – above and beyond emergency appropriations – to strengthen joint standing capacity for biosurveillance and health emergency response.
- Support sustainable health security financing to urgently fill substantial gaps in global pandemic preparedness.
- Build a global health security workforce for the 21st century.
- Fight climate change as a driver of health threats.

